

L18000291190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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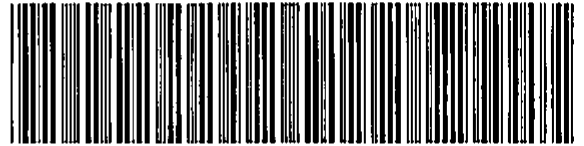
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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AUG 25 2018
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 316 Mola, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000291190

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark F. Booth, Esq.
Name of Person

Rogers Morris + Ziegler LLP
Name of Firm/Company

1401 E. Broward Blvd, #300
Address

Fort Lauderdale, FL 33301
City/State and Zip Code

bhouston@thlglaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark F Booth at (954) 462 1431
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Peter Tucci , hereby resigns as
Name of Registered Agent

Registered Agent for 316 Mola, LLC
Name of Limited Liability Company

L18000291190
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Peter Tucci
Signature of Resigning Agent

If signing on behalf of an entity:

316 Mola, LLC
Typed or Printed Name
Member
Capacity

FILED
2018 AUG 16 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314